



Replacement Sheet
U.S. Serial No. 09/470,814
Filed 12/22/99

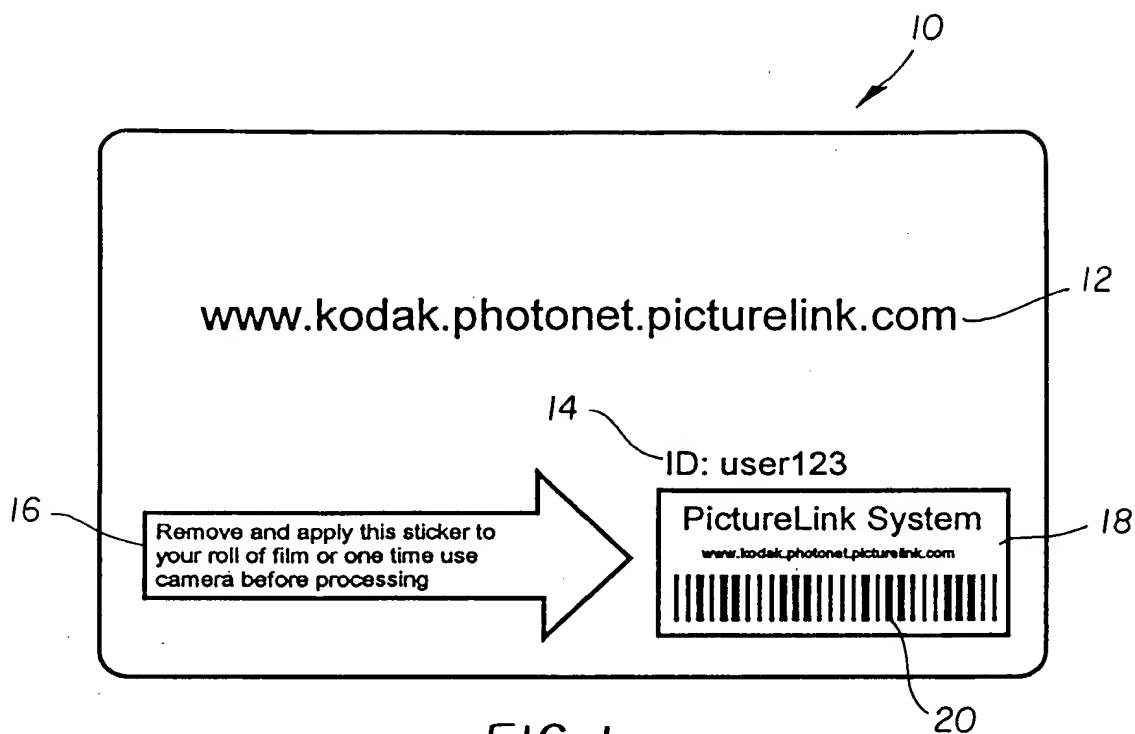
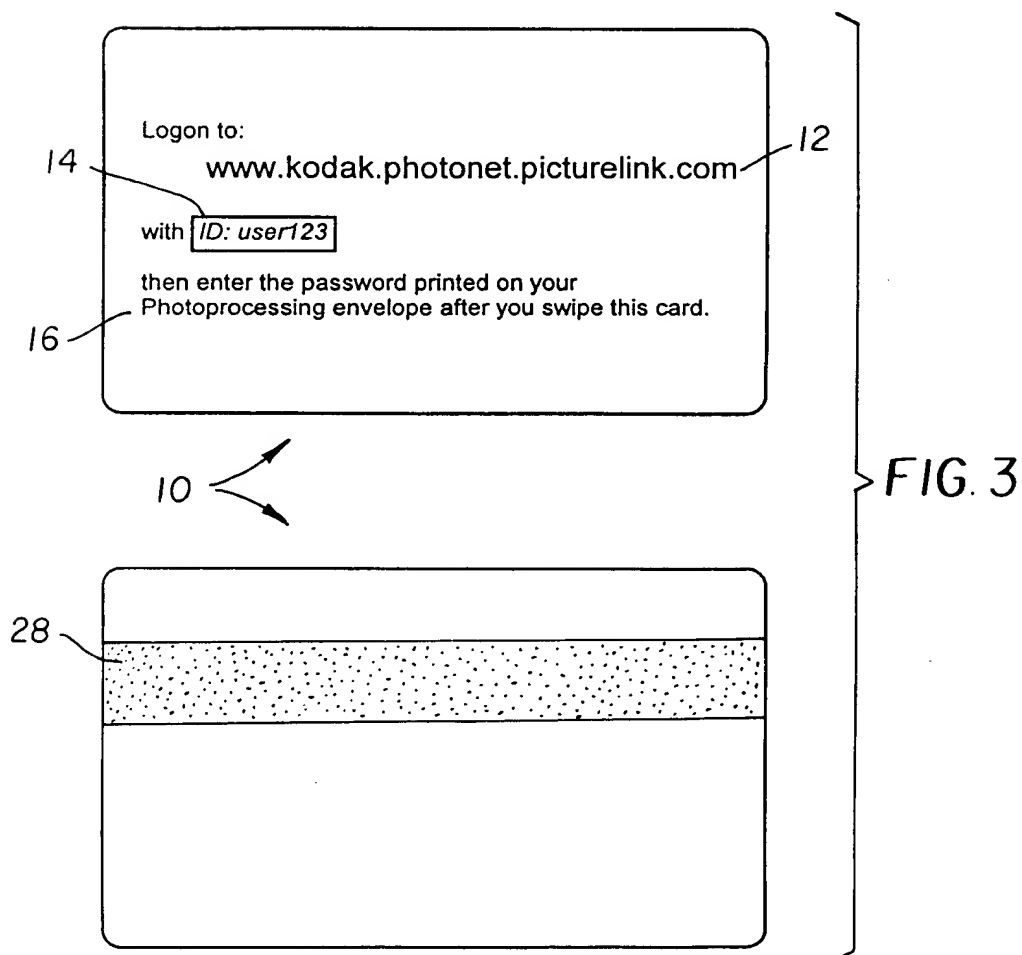
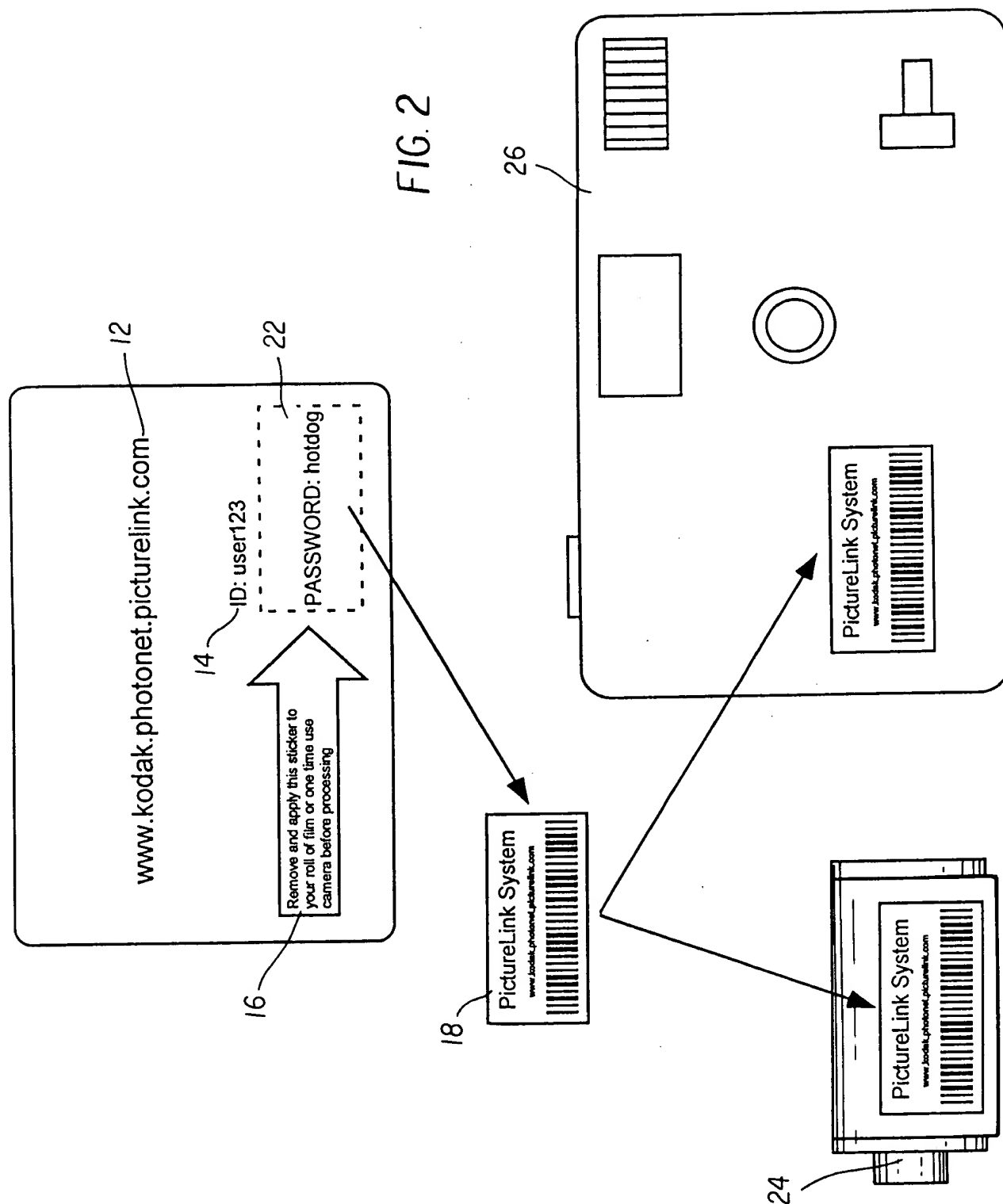
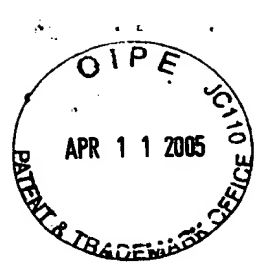
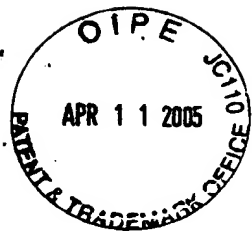


FIG. 1







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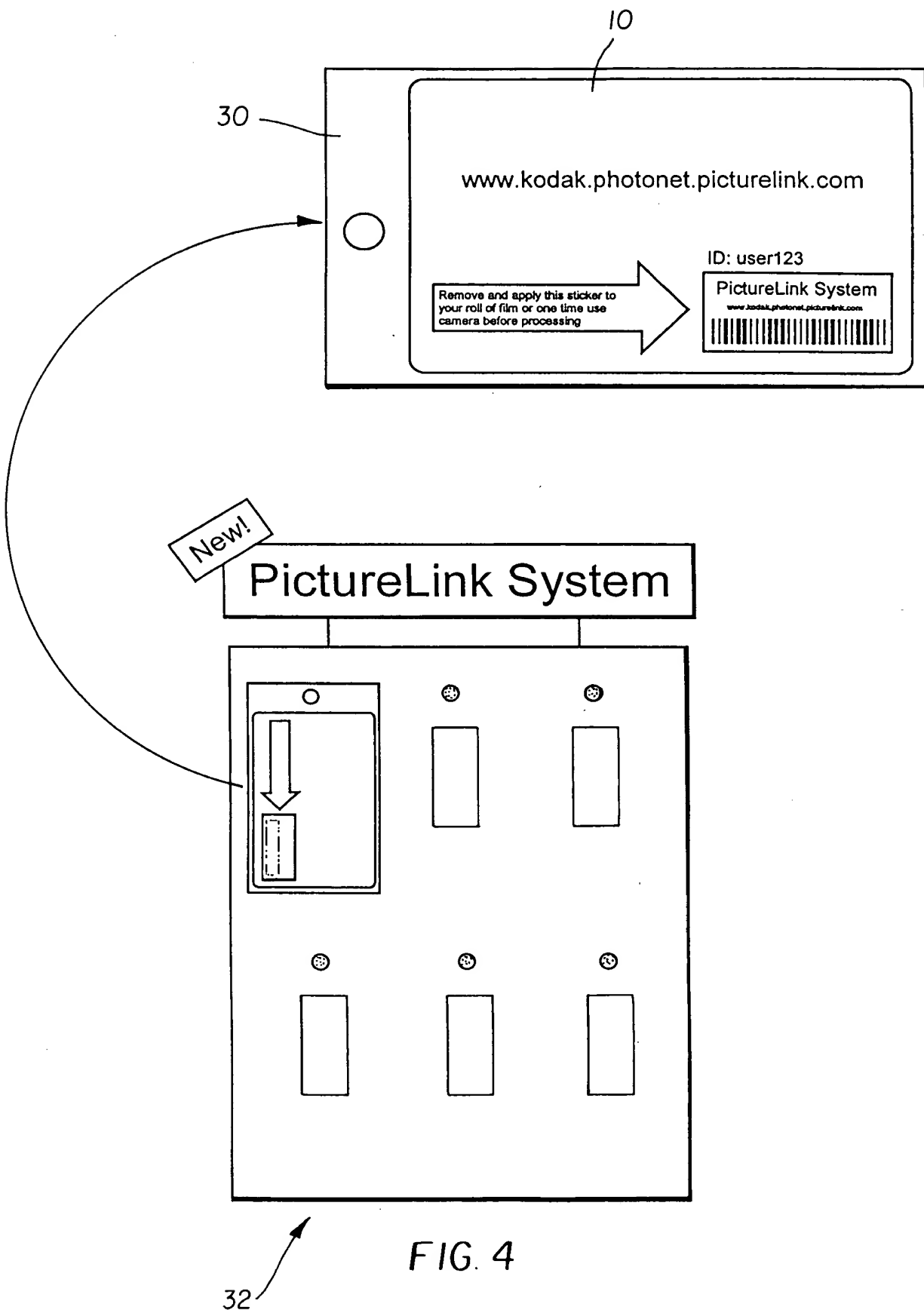


FIG. 4

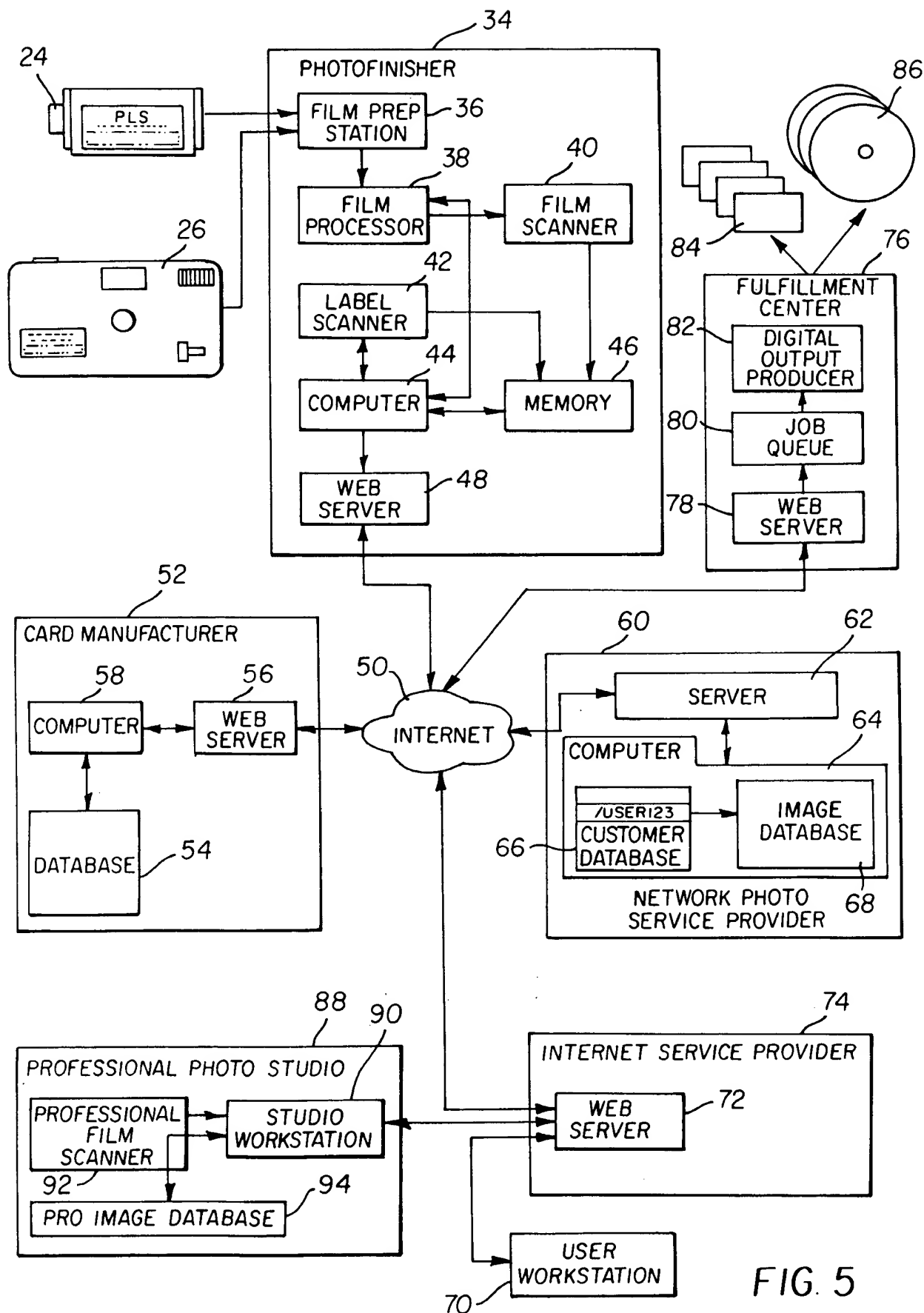


FIG. 5

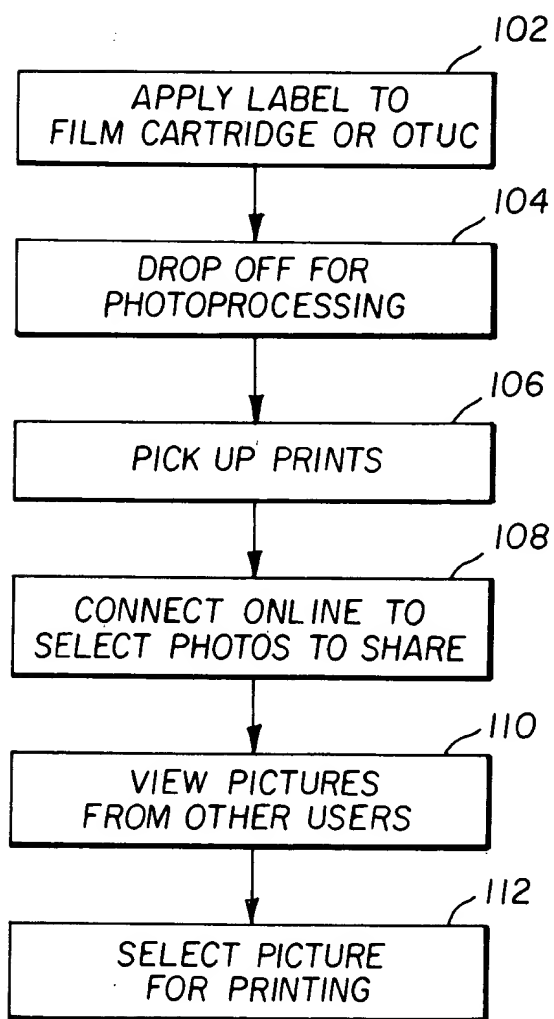
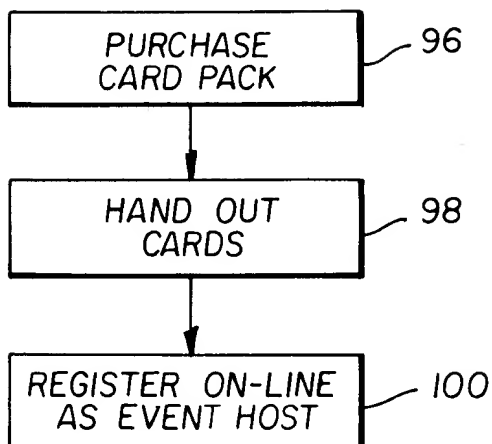


FIG. 6b

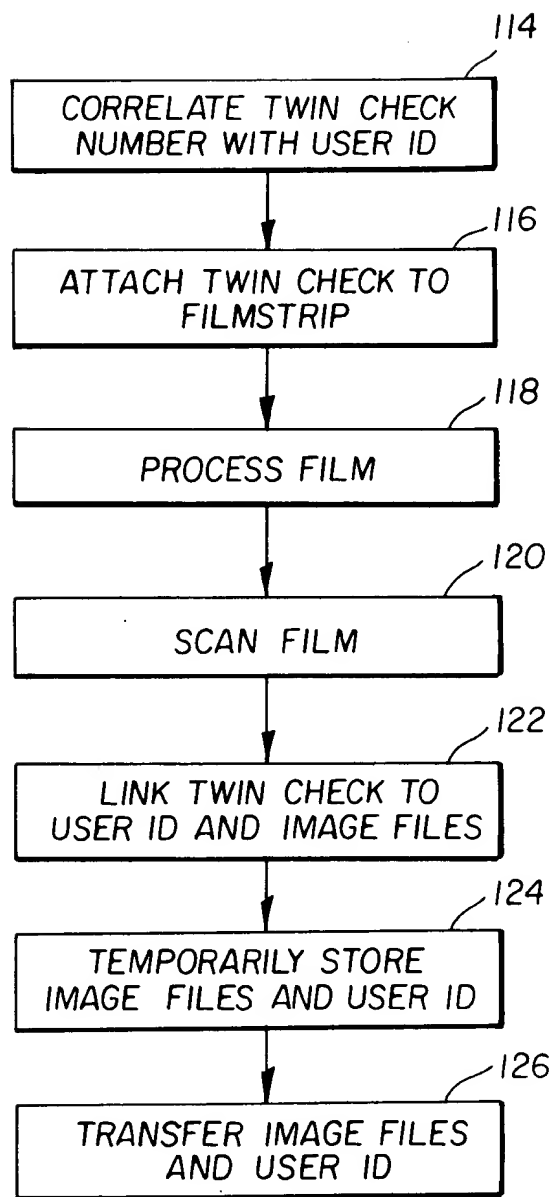


FIG. 7

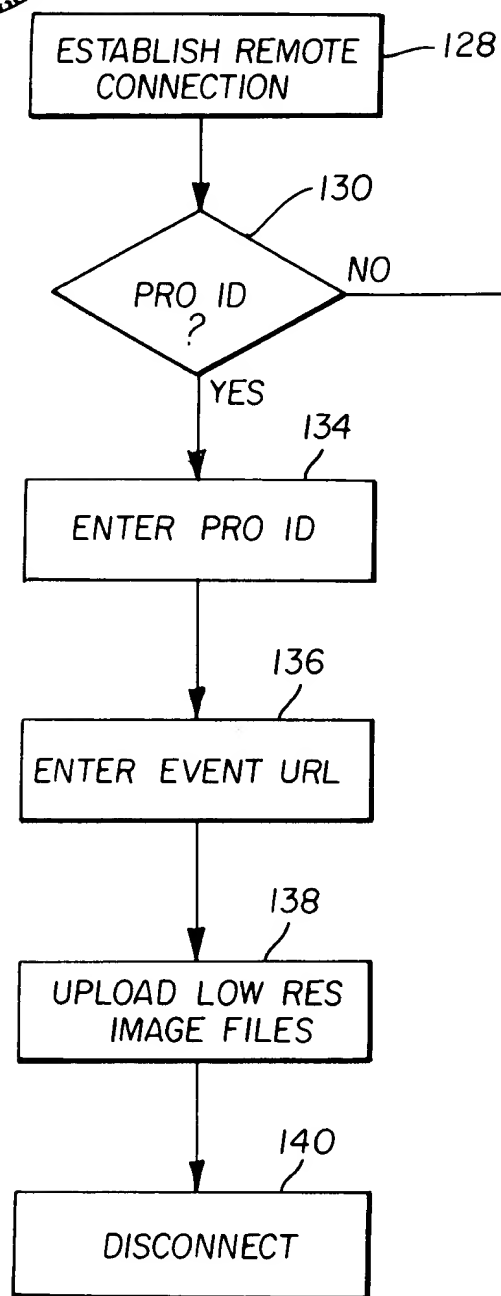
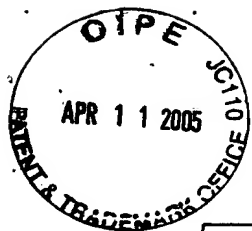


FIG. 8

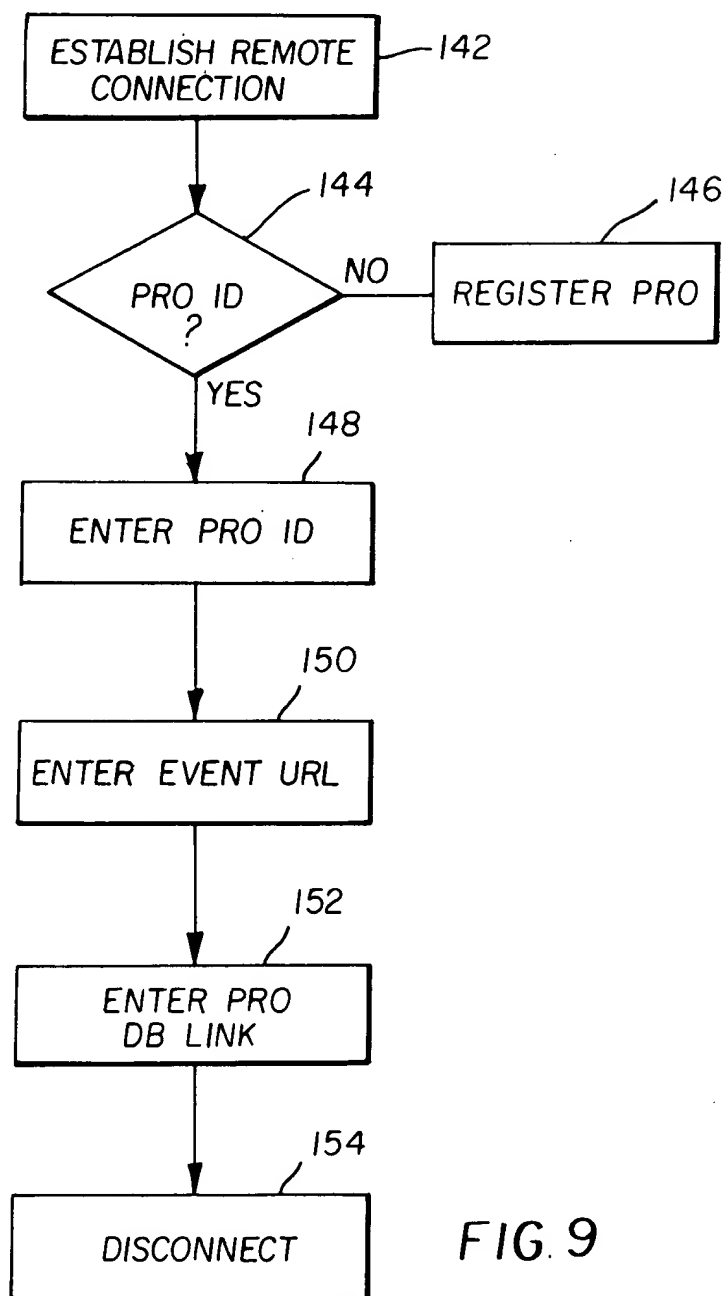
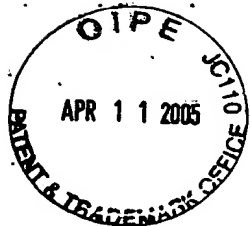
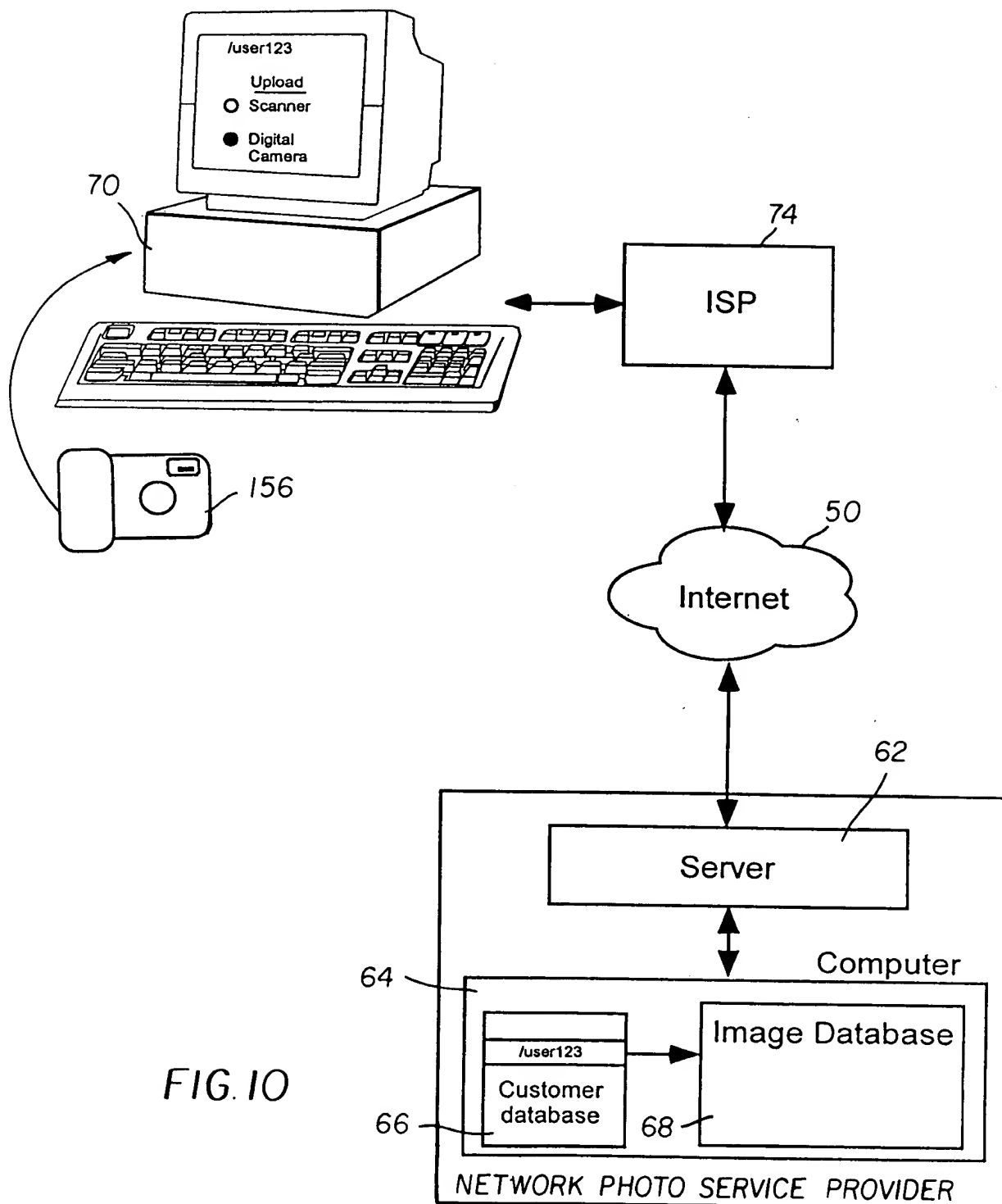


FIG. 9



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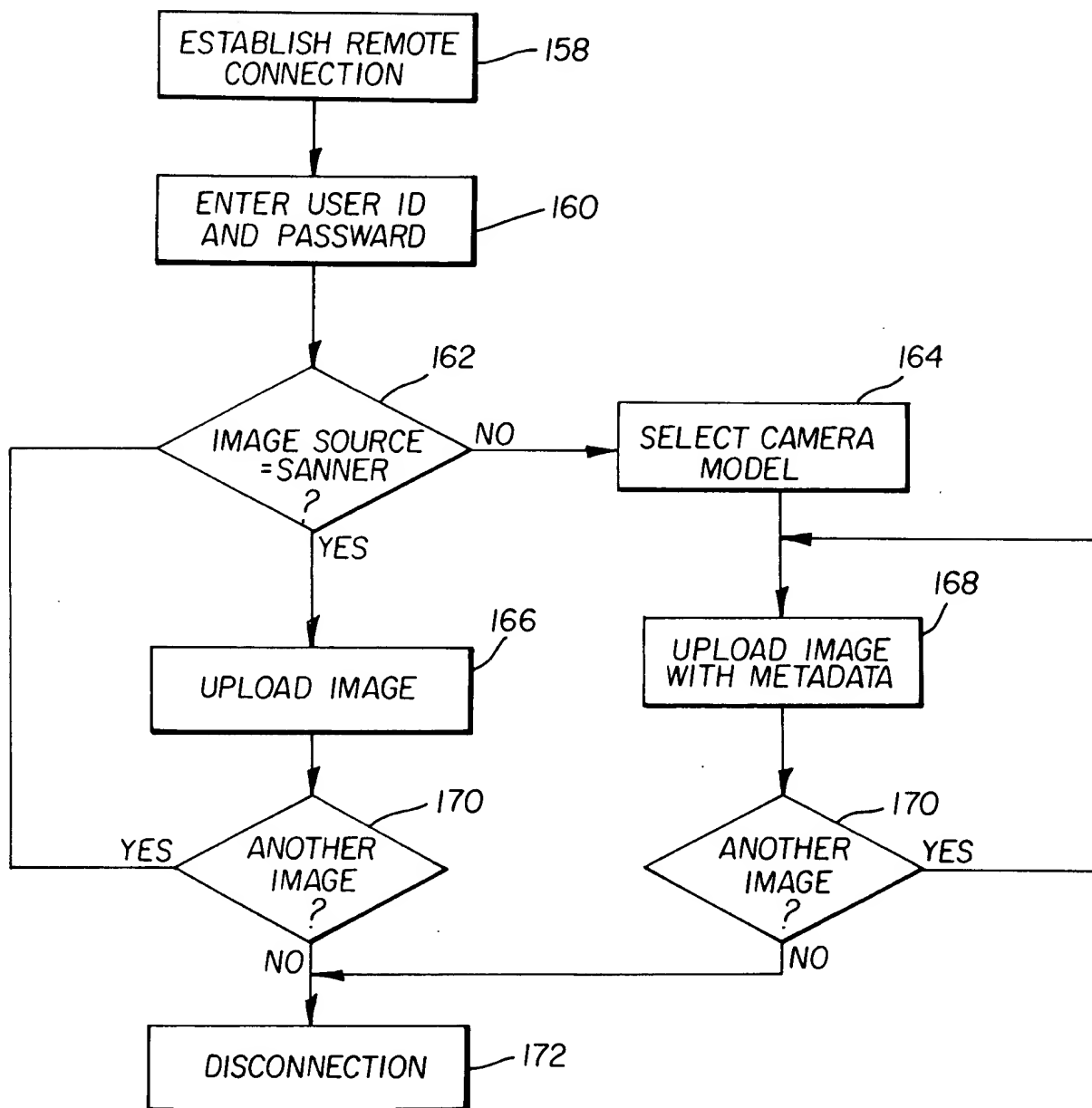


FIG. 11



180

Network Photoservice Provider
1234 Pixel Lane
Rockville, MD 01234

178


First
Class
Paid

182

Name _____

Street Address _____

City, State, Zip _____

Control Number: 

20

176

FIG. 12

182

John Doe
123 My Street
Anywhere, NY 12345

188

First
Class
Paid

180

Network Photoservice Provider
1234 Pixel Lane
Rockville, MD 01234


Control Number:  20

FIG. 13b



186

Roll 1 User123/ John/11/1/1999 Wedding

Roll 2 User123/ Jeff 11/1/1999 Wedding

Roll 3 User123/ Cathy 11/1/1999 Wedding

Roll 4 User123/ Mary 11/1/1999 Wedding

184

<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print
<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print
<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print
<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print

212

212

<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print
<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print	<input type="checkbox"/> Print

220

Credit Card No. _____ Exp Date ____/____

Signature _____

FIG. 13a

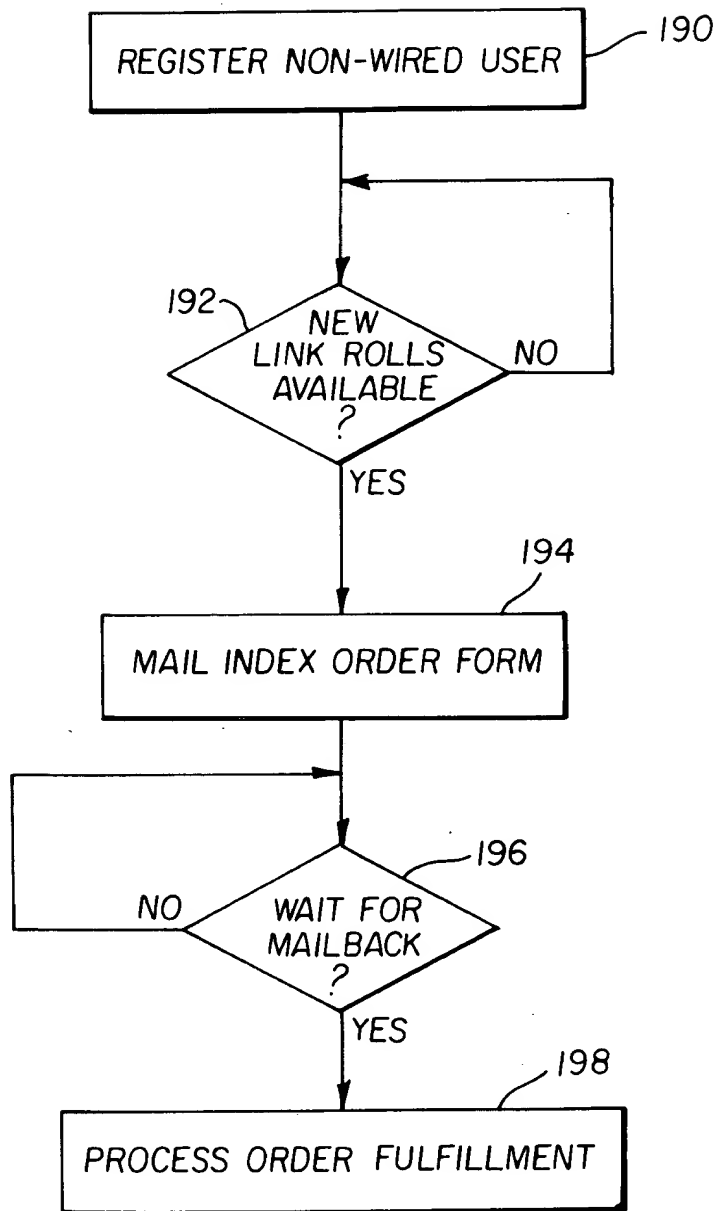
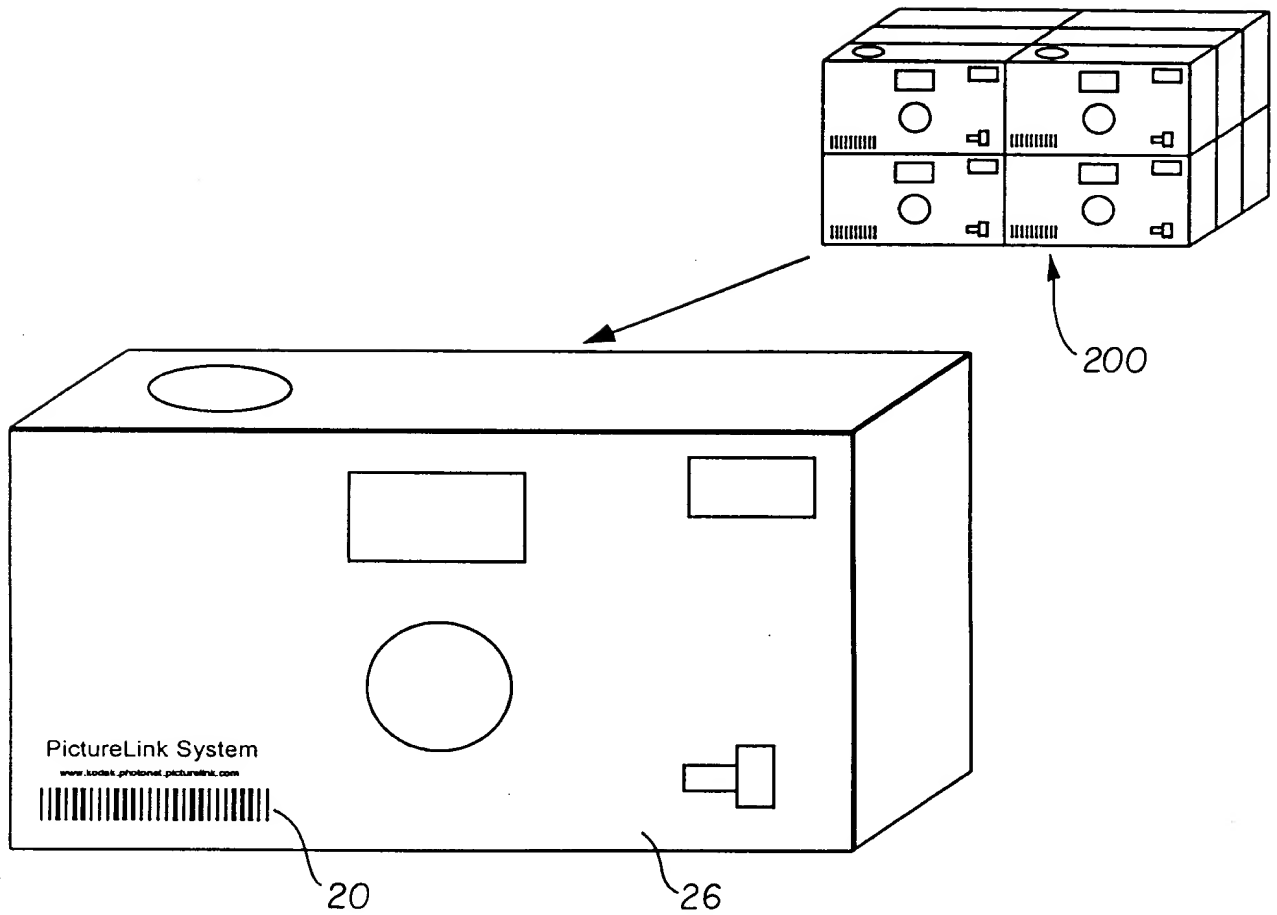


FIG. 14



Replacement Sheet
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Replacement Sheet
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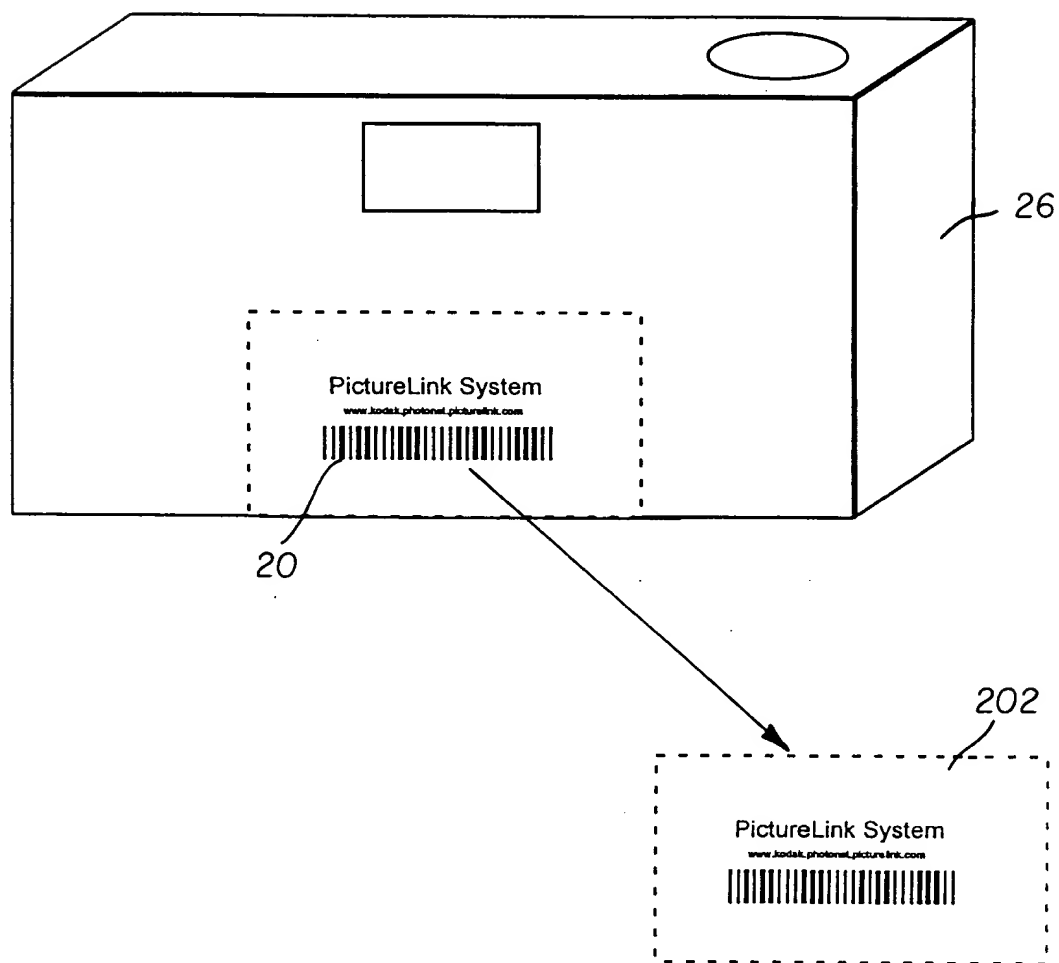


FIG. 16



Replacement Sheet
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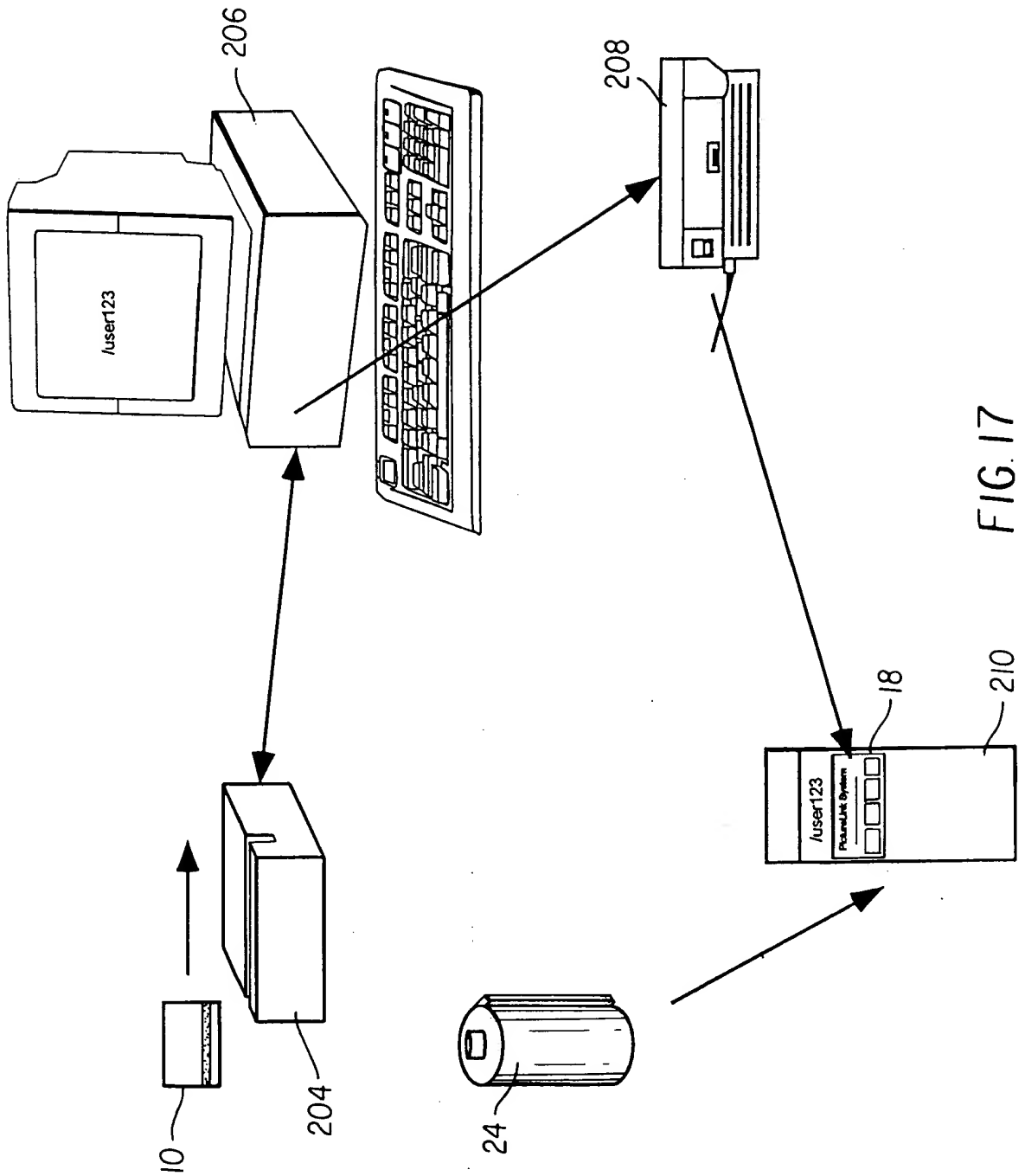


FIG. 17

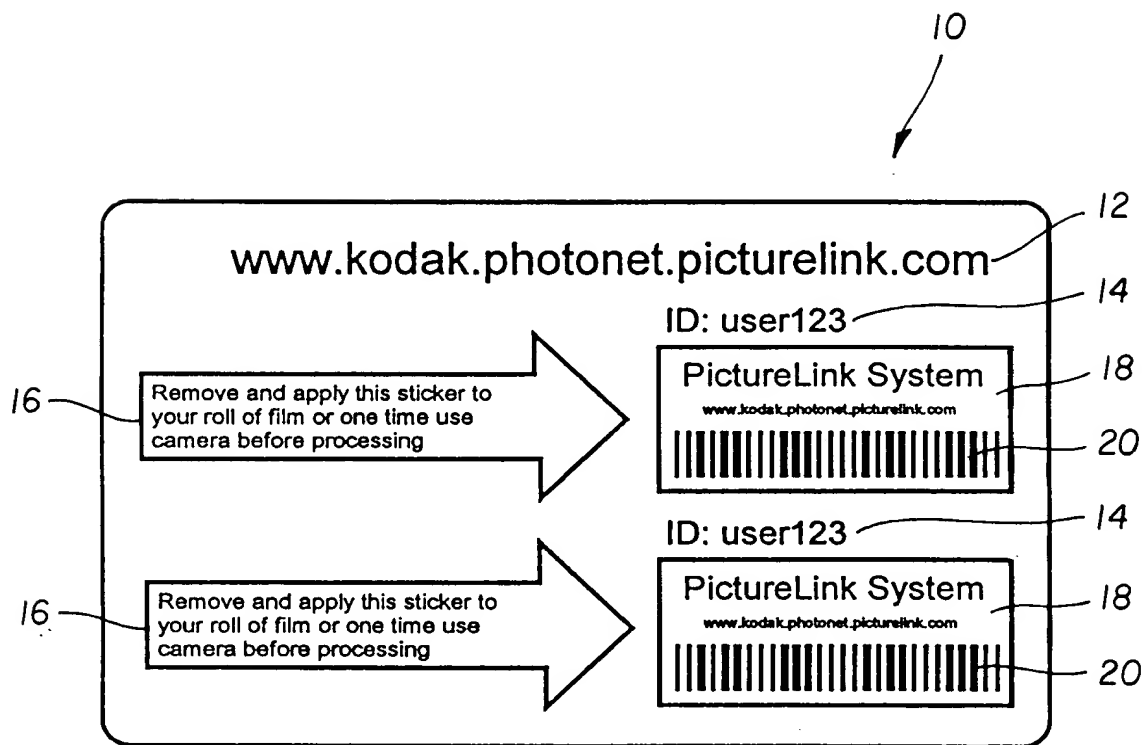


FIG. 18